

Application Information

Application Type:: Utility
Subject Matter::
Suggested Classification::
Suggested Group Art Unit ::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission:: *CD or Paper*
Computer Readable Form
(CRF)?::
Number of copies of CRF::
Title Line One:: NOVEL CO-STIMULATORY MOLECULES
Title Line Two::
Attorney Docket Number:: 02-106730US
Request for Early Publication?::
Request for Non—Publication?::
Suggested Drawing Figure::
Total Drawing Sheets:: 43
Small Entity:: Large
Petition included?::
Petition Type::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FI
Status::
Given Name:: Juha
Middle Name::
Family Name:: Punnonen
Name Suffix::
City of Residence:: Belmont
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1506 Pine Knoll Drive
City of mailing address:: Belmont
State of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing
address:: 94002

Applicant Authority Type::	Inventor
Primary Citizenship Country::	CA
Status::	
Given Name::	Alexandra
Middle Name::	
Family Name::	Lazetic
Name Suffix::	
City of Residence::	San Jose
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	1723 Zinnia Lane
City of mailing address::	San Jose
State of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	95124

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	
Given Name::	Steven
Middle Name::	R.
Family Name::	Leong
Name Suffix::	
City of Residence::	Berkeley
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	1914 El Dorado Avenue
City of mailing address::	Berkeley
State of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94707

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	
Given Name::	Chia-Chun
Middle Name::	
Family Name::	Chang
Name Suffix::	
City of Residence::	Los Gatos
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	363 Sycamore Court

City of mailing address:: Los Gatos
State of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95032

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status::
Given Name:: Doris
Middle Name::
Family Name:: Apt
Name Suffix::
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 917 Tamarack Lane #3
City of mailing address:: Sunnyvale
State of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SE
Status::
Given Name:: Claes
Middle Name::
Family Name:: Gustafsson
Name Suffix::
City of Residence:: Belmont
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1813 Bayview Avenue
City of mailing address:: Belmont
State of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94002

Correspondence Information

Correspondence Customer Number:: 22798

Name:: Law Offices of Jonathan Alan Quine
 Street of mailing address:: P.O. Box 458
 City of mailing address:: Alameda
 State or Providence of mailing address:: California
 Country of mailing address:: U.S.A.
 Postal or Zip Code of mailing address:: 94501
 Phone number:: (510) 337-7871
 Fax number:: (510) 337-7877
 E-Mail address:: jaquine@quinelaw.com

Representative Information

Representative Customer Number::	22798
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	is a CIP of	09/888,324	06/22/01
And a	CIP of	PCT/US01/19973	06/22/01
which	claim benefit of	60/213,946	06/23/00
and	claim benefit of	60/241,245	10/17/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No
		MM/DD/YY	Yes or No

Assignee Information

Assignee Name:: Maxygen, Inc.